

State of Connecticut
Electronic Filing Test Package
Tax Year 2004
State changes are bolded

Form: CT-1040NR/PY

Test: **400-00-5711**

Based off Federal Test: 400-00-1011

Name: Test N Blownapart

Home Address: (781 WATERLOO WAY)
City, State, and Zip: (NAPOLEON MI 49261)

Form W-2 #1:

b. Employers identification number: (38-3838196)
c. Employers name address and Zip Code: (WELDERS R WE)

Box 15 State and State ID Number: (**CT 0018040-000**)
Box 16 State Wages: (11500)
Box 17 State Income tax withheld: (**10**)

Form W-2 #2:

b. Employers identification number: (38-1425336)
c. Employers name address and Zip Code: (BONDO MAGIC COMPANY)

Box 15 State and State ID Number: (**CT 1107039-000**)
Box 16 State Wages: (10800)
Box 17 State Income tax withheld: (**0**)

Paper Check/Credit Card for Balance Due

0403100019

☐☐☐☐ 20 ☐☐**Form CT-1040NR/PY- 2004**

DRS Use Only

Connecticut Nonresident or Part-Year Resident Income Tax Return

Other taxable year, beginning: **2004** and ending:

400005711

S

MFJ/QW

MFS

Y

HH

TEST

N

BLOWNAPART

Y

NR

PY.

781 WATERLOO WAY

Form CT-2210 required.

No forms next year.

NAPOLEON

MI 49261

- | | | |
|---|-----|--------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line I) | 1. | 22300 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 41) | 2. | |
| 3. Add Line 1 and Line 2 | 3. | 22300 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52) | 4. | |
| 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) | 5. | 22300 |
| 6. Income from Connecticut sources (From Schedule CT-SI, Line 29) | 6. | 22300 |
| 7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0") | 7. | 22300 |
| 8. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X) | 8. | 25 |
| 9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000) | 9. | 1.0000 |
| 10. Multiply Line 9 by Line 8 | 10. | 25 |
| 11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61) | 11. | |
| 12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0".) | 12. | 25 |
| 13. Connecticut Alternative Minimum Tax (from Form CT-6251) | 13. | |
| 14. Add Line 12 and Line 13. | 14. | 25 |
| 15. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801) | 15. | |
| 16. Connecticut Income Tax (Subtract Line 15 from Line 14. If less than zero, enter "0".) | 16. | 25 |
| 17. Individual Use Tax (From Schedule 3, Line 62) If no tax is due, enter "0" | 17. | 0 |
| 18. Total Tax (Add Line 16 and Line 17) | 18. | 25 |

Clip Check or Money Order here (Do Not Staple).
Do Not Attach W-2, W-2G, or 1099 Forms.

0403100019

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19. Amount from Line 18 (Total Tax)

19.

25

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A	Column B	Column C
	Employer Identification Number	Connecticut Wages, Tips, Etc.	Connecticut Income Tax Withheld
20a.	383838196	• 11500	10
20b.	381425336	• 10800	0
20c.		•	
20d.		•	
20e.		•	
20f.		•	
20g.		•	

20h. Enter additional Connecticut withholding from Schedule CT-1040WH, Line 3. 20h.

20. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here)

20.

10

21. All 2004 estimated tax payments and any overpayments applied from a prior year

21.

22. Payments made with Form CT-1040EXT (Request for extension of time to file)

22.

23. **Total Payments** (Add Lines 20, 21, and 22)

23.

10

24. **Overpayment** (If Line 23 is more than Line 19, subtract Line 19 from Line 23.)

24.

25. Amount of Line 24 you want **applied to your 2005 estimated tax****25.****Contributions**

26a. AR

26b. OT

26c. ES/W

26d. BCR

26e. SNS

26. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 26a - 26e)

26.

27. **Refund** (Subtract Lines 25 and 26 from Line 24)

For faster refund, choose Direct Deposit and complete Lines 27a, 27b, and 27c.

27.

27a. Acct. Type

Ck.

Sv.

27b. Rout. #

27c. Acct. #

28. **Tax Due** (If Line 19 is more than Line 23, subtract Line 23 from Line 19)

28.

15

29. If Late: Enter Penalty (Multiply Line 28 by 10% (.10))

29.

30. If Late: Enter Interest (Multiply Line 28 by number of months late or fraction thereof, then by 1% (.01))

30.

31. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, page X)

31.

32. **Total Amount Due** (Add Lines 28 through 31)**32.**

15

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your Signature

Date

Daytime Telephone Number

Spouse's Signature (if joint return)

Date

Daytime Telephone Number

Paid Preparer's Signature

Date

Telephone Number

Preparer's SSN or PTIN

P20000441

Firm's Name, Address, and ZIP Code

FEIN

56-1494243

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name

Telephone Number

Personal Identification Number (PIN)

•

•

•

Sign Here
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut 33.
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 34.
35. Special depreciation allowance for qualified property placed in service during this year 35.
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 36.
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) 37.
38. Loss on sale of Connecticut state and local government bonds 38.
39. *Allocated for future use* • 39.
40. Other - specify • 40.
41. **Total Additions** (Add Lines 33 through 40) Enter here and on Line 2. 41.
42. Interest on U.S. government obligations 40.
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 43.
44. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page X) 44.
45. Refunds of state and local income taxes 45.
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 46.
47. Special depreciation allowance for qualified property placed in service during the preceding year 47.
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) 48.
49. Gain on sale of Connecticut state and local government bonds 49.
50. *Allocated for future use* • 50.
51. Other - specify (Do not include out of state income) • 51.
52. **Total Subtractions** (Add Lines 42 through 51) Enter here and on Line 4. 52.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year (See instructions) 53.

Col. A

Col. B

54. Enter qualifying jurisdiction's name and two-letter code 54. •
- (See instructions)
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X) 55.
56. Divide Line 55 by Line 53 (May not exceed 1.0000) 56. •
57. Apportioned income tax (See Instructions, Page X) 57.
58. Multiply Line 56 by Line 57 58.
59. Income tax paid to a qualifying jurisdiction (See instructions, Page X) 59.
60. Enter the lesser of Line 58 or Line 59 60.
61. Total credit (Add Line 60, all columns). Enter here and on Line 11. 61.

Schedule 3 - Individual Use Tax Worksheet

Column A

Column B

Column C

Column D

Column E

Column F

Column G

•

•

•

•

•

•

•

•

•

•

• Total of individual purchases under \$300 not listed above

62. Individual Use Tax

• 62.

Make your check or money order payable to: "Commissioner of Revenue Services" To ensure proper posting, write your SSN(s) and "2004 Form CT-1040NR/PY" on your check or money order.		
Mail to:	For refunds and all other tax forms without payment: Department of Revenue Services PO Box 2988 Hartford CT 06104-2988	For all tax forms with payment: Department of Revenue Services PO Box 2922 Hartford CT 06104-2922

Schedule CT-SI

2004

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut
Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social Security Number
		____ : ____ : ____
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number
		____ : ____ : ____

IMPORTANT: SEE INSTRUCTIONS ON PAGE 25 BEFORE COMPLETING THIS SCHEDULE.

PART 1 — CONNECTICUT INCOME — Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of **Schedule CT-1040AW** and enter the totals on Lines 1 through 29 below. **Nonresidents:** Enter income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1		
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10		
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income (including lump-sum distributions)	14		
15. Gross income from Connecticut sources (Add Lines 1 through 14)	15		00

PART 2 — ADJUSTMENTS TO CONNECTICUT INCOME — Enter adjustments that are **directly** related to income reported above.

16. Deduction for clean fuel vehicles	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. IRA deduction	18		
19. Student loan interest deduction	19		
20. Tuition and fees deduction	20		
21. Health savings account deduction	21		
22. Moving expenses	22		
23. One-half of self-employment tax	23		
24. Self-employed health insurance deduction	24		
25. Self-employed SEP, SIMPLE, and qualified plans	25		
26. Penalty on early withdrawal of savings	26		
27. Alimony paid. Recipient's last name: _____ SSN ____ - ____ - ____	27		
28. Total adjustments (Add Lines 16 through 27)	28		
29. Income from Connecticut sources (Subtract Line 28 from Line 15) Enter the amount here and on Form CT-1040NR/PY , Line 6	29		00

EMPLOYEE APPORTIONMENT WORKSHEET — Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not Complete Lines A through G if you know the exact amount of your Connecticut source income.** (See instructions, Page X.)

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days (Add Line A and Line B)	C		
D. Nonworking days (holidays, weekends, etc.)	D		
E. Connecticut ratio (Divide Line B by Line C. Round to four decimal places.)	E	.	
F. Total income being apportioned	F		
G. Connecticut income (Multiply Line E by Line F) Enter here and on Schedule CT-SI , Line 1	G		
Basis, if other than working days: _____			

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
E
L

H
E
R
E

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

▲ Important! ▲

You **must** enter your SSN(s) above.Presidential Election Campaign
(See page 16.)**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You Spouse
☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. Do not include on line 8a 8b
- 9a Ordinary dividends. Attach Schedule B if required 9a
- b Qualified dividends (see page 20) 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or C-EZ 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a IRA distributions 15a b Taxable amount (see page 22) 15b
- 16a Pensions and annuities 16a b Taxable amount (see page 22) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount (see page 24) 20b
- 21 Other income. List type and amount (see page 24) 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22

Adjusted Gross Income

- 23 Educator expenses (see page 26) 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 IRA deduction (see page 26) 25
- 26 Student loan interest deduction (see page 28) 26
- 27 Tuition and fees deduction (see page 29) 27
- 28 Health savings account deduction. Attach Form 8889 28
- 29 Moving expenses. Attach Form 3903 29
- 30 One-half of self-employment tax. Attach Schedule SE 30
- 31 Self-employed health insurance deduction (see page 30) 31
- 32 Self-employed SEP, SIMPLE, and qualified plans 32
- 33 Penalty on early withdrawal of savings 33
- 34a Alimony paid b Recipient's SSN ▶ 34a
- 35 Add lines 23 through 34a 35
- 36 Subtract line 35 from line 22. This is your **adjusted gross income** ▶ 36

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked 38a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here 38b <input type="checkbox"/>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	
40	Subtract line 39 from line 37	40	
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 32	41	
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	
44	Alternative minimum tax (see page 35). Attach Form 6251	44	
45	Add lines 43 and 44	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election 65b	65b	
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>	Phone no. () <input type="text"/>	

